

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 26, 1982

ALL-COUNTY INFORMATION NOTICE I-35-82

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED CA 6 (3/82) ALIEN STATUS VERIFICATION

REFERENCE:

This letter provides instructions regarding the use of the revised Form CA 6 (Alien Status Verification) to request alien status and naturalized/derivative citizenship verification. The form was revised to accommodate a law and regulation change in the AFDC program which eliminates the granting of aid pending alien verification. The new regulation is effective April 2, 1982, affecting intake cases from that date forward and affecting continuing cases on May 1, 1982.

The attached copy of the revised CA 6 (3/82) is provided for those counties wishing to print their own supply. Regular supplies of the revised CA 6 may be obtained after May 31, 1982 by completing and sending the GEN 727B form to the DSS Warehouse, P. O. Box 22429, Sacramento, CA 95822-3799. The revised CA 6 is a bilingual form (English/Spanish), is printed in three-piece carbon sets and is a sold form (you will be informed of the price through the GEN 127 process).

Instructions regarding the interim use of the current CA 6 (1/82) for AFDC applicants/recipients were provided recently via All-County Information Notice. These instructions are restated below:

- I. Disregard all references to certification on both the front and back of the form. This includes the applicant certification section (front), "County Instructions" relating to certification (back) and item (1) under "Certification" (back).
- II. In the last sentence of the declaration statement (front) insert the words "AFDC and" between the words "for" and "Food".

No changes are required for nonassistance Food Stamp and Medi-Cal applicants.

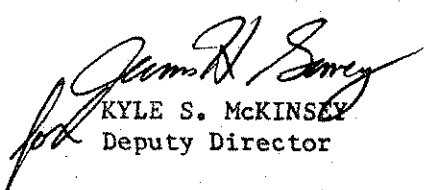
The current CA 6 and all previous versions will be obsolete when the new version becomes available from the DSS Warehouse. Counties should ensure that, in addition to the removal of obsolete CA 6s from county stock, EW desk supplies are removed as well. This is extremely important since substantial portions of the CA 6 have been changed to reflect AFDC Program eligibility determination under the new State law. Also, the instructions on the reverse side have been substantially revised. Attached is a listing of all the CA 6 changes.

If you have any suggestions or comments for future revision of the CA 6, contact the AFDC Forms Coordinator:

AFDC Forms Coordinator
AFDC Program Systems Bureau
744 P Street, M.S. 16-31
Sacramento, CA 95814

If you need additional information regarding the implementation or use of the revised CA 6, please contact your AFDC Program Consultant at (916) 445-4458 or Food Stamp Program Consultant at (916) 322-5475.

Sincerely,



KYLE S. MCKINSEY
Deputy Director

Attachments

cc: CWDA

FORM CA 6 (3/82) CHANGES

Language changes have been made throughout the form to facilitate its use in the AFDC, Food Stamp, and Medi-Cal Programs per Federal and State laws. Following is a list of all changes:

Front side

1. Applicant Information Statement - Deleted the words "permanent resident" from the first sentence.
2. County Use Only - Changed the heading "Referral Action" to "Action Taken". Deleted check box for "Followup" action.
3. Applicant Certification instruction - Deleted reference to the AFDC Program.
4. Applicant Certification section - Deleted reference to Naturalized/Derivative citizenship.
5. Applicant declaration statement - Added the words "AFDC and" between the words "for" and "Food" in the last sentence.
6. INS Verification - Deleted items 3b and 4d.
7. Changed item 4e to new 4d and revised language.
8. Revised item 4a language.

Back side

9. County instructions - Revised language to reflect procedural changes.
10. Certification instructions - Deleted item (1) relating to AFDC applicants.

It is important that each CA 6 be completed in accordance with the instructions, as incomplete CA 6s either delay or prevent INS processing. In particular, counties should ensure that the applicant's name and address are complete, and the county's complete return address is on each copy of the CA 6 sent to INS. This will allow INS to make written contact with the alien when necessary, ensure the return of the completed CA 6 to the appropriate county, and reduce turnaround time.

ALIEN STATUS VERIFICATION

(To include naturalized/derivative citizenship verification)
See reverse for instructions

APPLICANT INFORMATION — VERY IMPORTANT: Only U.S. citizens and certain categories of aliens are eligible for the program(s) for which you have applied. In order to verify your eligibility the county welfare department may send this form to the Immigration and Naturalization Service.

INFORMACIÓN MUY IMPORTANTE PARA EL SOLICITANTE: Solamente los ciudadanos de Los Estados Unidos y ciertas categorías de extranjeros son elegibles para el programa(s) para el cual usted ha presentado su solicitud. Para poder verificar su elegibilidad, es posible que el departamento de bienestar del condado envíe esta forma al Servicio de Inmigración y Naturalización (INS).

COUNTY USE ONLY/SOLAMENTE PARA USO DEL CONDADO

Type of aid applied for: ☐ AFDC ☐ Medi-Cal ☐ Food Stamps

Case Name:

Case Number:

Worker Name and Number:

Action Taken**Date and Worker Initials**

☐ Referral to INS

☐ No referral required

Enter Name and Address of INS Office

GENERAL INFORMATION/INFORMACION GENERAL

NAME/NOMBRE (LAST, FIRST, MIDDLE/APELLIDO, NOMBRE(S))		BIRTHDATE/FECHA DE NACIMIENTO	DOCUMENTATION—INS FORM AND NUMBER/ DOCUMENTACIÓN—FORMA DE INS Y NÚMERO
MAILING ADDRESS/DIRECCIÓN PARA CORREO	(STREET/CALLE)	(CITY/CIUDAD)	(ZIP CODE/ZONA POSTAL) TELEPHONE NUMBER/NÚMERO DE TELÉFONO
BIRTHPLACE/LUGAR DE NACIMIENTO	SEX/SEXO MALE/MAS- <input type="checkbox"/> CULINO FEMALE/FEME- <input type="checkbox"/> NINO	NAME AT TIME OF ENTRY/NOMBRE USADO EN LA FECHA DE ENTRADA	OTHER NAMES USED/OTROS NOMBRES QUE HA USADO
CITIZEN OF WHAT COUNTRY?/DE QUE PAÍS ES USTED CIUDADANO?	DATE OF ENTRY/FECHA DE ENTRADA	PORT OF ENTRY/PUERTO DE ENTRADA	DESTINATION IN US AT TIME OF ENTRY/SU DESTINO EN LOS E.U. EN LA FECHA DE ENTRADA
FATHER'S NAME/NOMBRE DEL PADRE (LAST, FIRST, MIDDLE/APELLIDO, NOMBRE(S))		MOTHER'S NAME/NOMBRE DE LA MADRE (LAST, FIRST, MIDDLE/APELLIDO, NOMBRE(S))	

CERTIFICATION — For Medi-Cal only, check the appropriate box(es) below if you do not have acceptable documents.

CERTIFICACION — Para ser usado en Medi-Cal únicamente, si usted no tiene los documentos apropiados marque abajo el artículo(s) apropiado(s).

I CERTIFY THAT:/CERTIFICO QUE:

☐ Named alien is in the country legally and is entitled to remain indefinitely.

El extranjero mencionado está legalmente en el país y tiene derecho a permanecer en él indefinidamente.

☐ Named alien is not under order of deportation.

El extranjero mencionado no está bajo orden de deportación.

☐ Named alien is married to a person in the U.S. who is not under order of deportation.

El extranjero mencionado está casado(a) en los E.U. con una persona la cual no está bajo orden de deportación.

☐ Affidavits of two U.S. citizens attesting to named alien's continuous residence in the U.S. for five years or more have been submitted to the county welfare department.

Se han presentado al departamento de bienestar del condado dos declaraciones juradas de ciudadanos de los E.U. atestiguando que el extranjero mencionado ha residido continuamente en los E.U. más de cinco años.

I declare under penalty of perjury that the foregoing is true and correct. I authorize the county welfare department (CWD) to send this information to the U.S. Immigration and Naturalization Service (INS) for verification. I understand that INS may furnish information to the CWD, and that I must cooperate with INS in verifying the named applicant's status or the applicant will be ineligible for assistance. I also understand the named alien will be ineligible for AFDC and Food Stamps until verification is received by the CWD.

Declaro bajo pena de perjurio que lo anterior es verdadero y correcto. Autorizo al departamento de bienestar del condado (CWD) a que envíe esta información al Servicio de Inmigración y Naturalización para verificación. Entiendo que INS puede proporcionar información al CWD, y que debo cooperar con INS para verificar la situación del solicitante mencionado, de lo contrario, el solicitante será inelegible para recibir ayuda. También entiendo que el extranjero mencionado no será elegible para recibir AFDC y estampillas para comida hasta que el CWD reciba la verificación.

SIGNATURE/FIRMA	RELATIONSHIP TO NAMED APPLICANT/RELACIÓN CON EL SOLICITANTE MENCIONADO	DATE SIGNED/FECHA EN QUE SE FIRMO	COUNTY WHERE SIGNED/CONDADO DONDE SE FIRMO
-----------------	--	-----------------------------------	--

VERIFICATION (For INS Use Only)/(Solamente para uso de INS)

According to the records of INS, the named applicant's status in the United States is:

<p>1. AFDC M/C FS Eligible</p> <p>a. <input type="checkbox"/> Lawfully admitted for permanent residence in accordance with the INA, as amended.</p> <p>b. <input type="checkbox"/> Lawfully admitted as a conditional entrant or refugee, or for political asylum in accordance with Section 203(a)(7) prior to April 1, 1980, or Sections 207 or 208 of the INA.</p> <p>c. <input type="checkbox"/> Paroled into the country in accordance with Section 212(d)(5) of the INA.</p> <p>d. <input type="checkbox"/> Legally present because deportation has been withheld in accordance with Section 243(h)(1) of the INA.</p>	<p>3. AFDC M/C Eligible</p> <p><input type="checkbox"/> Present because indefinite voluntary departure in lieu of deportation, or an indefinite stay of deportation has been granted.</p>	
<p>2. AFDC, M/C FS Eligible</p> <p>a. <input type="checkbox"/> A naturalized U.S. citizen. b. <input type="checkbox"/> A derivative U.S. citizen.</p>	<p>4. Not Eligible</p> <p>a. <input type="checkbox"/> Admitted for a temporary period in accordance with the INA, as amended, in a category other than 1b, 1c or 1d.</p> <p>b. <input type="checkbox"/> Under order of deportation.</p> <p>c. <input type="checkbox"/> Not legally present.</p> <p>d. <input type="checkbox"/> Failed to appear at or to cooperate in an interview with INS.</p>	
Signature of INS Official	Title	Date

INS Comments:

COUNTY INSTRUCTIONS

When and How to Use the CA 6

For AFDC and Medi-Cal noncitizens with acceptable documents.	Complete one copy of the CA 6 and file in the case record. The applicant must complete the General Information section and read and sign the declaration statement.
For AFDC applicants without documentation of alien status or naturalized/derivative citizenship. For Food Stamp noncitizens without documentation of alien status and Food Stamp applicants with questionable naturalized/derivative citizenship.	Complete three copies of the CA 6. Forward two copies to INS and file one copy in the case record. The applicant must complete the General Information section and read and sign the declaration statement.
For Medi-Cal noncitizens without documentation of alien status.	Complete three copies of the CA 6. Forward two copies to INS and file one copy in the case record. The applicant must complete the General Information section, check the appropriate certification box(es) and read and sign the declaration statement.
For AFDC and Food Stamp applicants with unacceptable documents or documents of doubtful authenticity.	Complete three copies of the CA 6. Forward two copies to INS with a copy of the documents and file one copy in the case record. The applicant must complete the General Information section, and read and sign the declaration statement.
For Medi-Cal applicants with unacceptable documents or documents of doubtful authenticity.	Complete three copies of the CA 6. Forward two copies to INS with a copy of the documents and file one copy in the case record. The applicant must complete the General Information section, check the appropriate certification box(es) and read and sign the declaration statement.

Enter name and address of INS office in upper left corner address box. Enter name and address of CWD in lower left corner address box *(on back)*.

County Use Only

Check the appropriate box(es) for the type of aid applied for. Enter the case name, case number, worker name and worker number. For AFDC and Medi-Cal, check the appropriate box for referral action, and enter the date and worker's initials.

General Information

Ensure that all information is completed by the applicant. Note the following:

- If the applicant's name at the time of entry was the same as his/her present name, "same" should be entered in the box labeled "Name at Time of Entry".
- For AFDC and Medi-Cal applicants with INS documents, enter INS Form and Number in box labeled "Documentation-INS Form and Number."

Certification

At least one Certification box must be checked for Medi-Cal noncitizens with unacceptable or no documentation of alien status.

NOTE: Each CA 6 must be signed by the named applicant, parent, caretaker, or placement worker. The date and county where signed must also be completed. The relationship to named applicant must be completed if signed by a parent, caretaker or placement worker. For AFDC, this must be the same person who signs the CA 2 or FC 2. For Medi-Cal, this must be the same person who signs the MC 210.

CWD Comments

Use this section to communicate any additional information to INS.

Verification

When the completed CA 6 is received from INS, determine the applicant's eligibility for the programs indicated to the left of the checked box(es).

Enter Name and Address of CWD